

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FIL

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/					
TOTAL DEP.						
TOTAL AIMS						

	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/			
TOTAL DEP.				
TOTAL AIMS				

AIMS OR AMENDMENTS U.S.

*MAY BE USED FOR ADDITIONAL C

	U.S.
AIMS OR AMENDMENTS	(b)(7)(C)